HE UNITED STATES PATENT AND TRADEMARK OFFICE

Docket No.: CYPR-CD01171M

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May 7, 2007 Name of Person Deposit: Making the Deposit: Mina Oliveri

Signature of the Person Making the Deposit:

Inventor(s):

Kenneth Y. Ogami, Doug Anderson, Matthew Pleis, and Frederick Redding

Serial No.:

10/002,726

Group Art Unit:

2825

Filed:

10/24/2001

Examiner:

Siek, Vuthe

Confirmation No: 2851

Title:

METHOD AND APPARATUS FOR GENERATING MICROCONTROLLER

CONFIGURATION INFORMATION

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

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X Applicant is other than a small entity

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(for other than a small entity)			
Application Status is:	Regular	<u>Design</u>	Total
Fee (CFR 1.18(a) and (b)):	X \$1,400.00	\$800.00	1,400.00
Additional Copies (2 @ \$3.00)			. 6.00
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Please direct all correspondence concerning the above-identified application to the following address:

WAGNER, MURABITO & HAO LLP Two North Market Street, Third Floor San Jose, California 95113 (408) 938-9060

Respectfully submitted,

Anthony C. Murabito

Reg. No.: 35,295

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Mina Oliveri	(Depositor's name)
Muna Olivia	(Signature)
5/7/2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/002,726	10/24/2001	Kenneth Y. Ogami	CYPR-CD01171M	2851
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TITLE OF INVENTION: METHOD AND APPARATUS FOR GENERATING MICROCONTROLLER CONFIGURATION INFORMATION

SIEK, VUTHE 2825 716-017000 81 FC:1581 6.88 DA 1448.88 OF 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been fill recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE Cypress Semiconductor Corporation San Jose, CA Please check the appropriate assignee category or categories (will not be printed on the patent): Individual XIX Corporation or other private group entity Government of Fee(s): (Please first reapply any previously paid issue fee shown above) XX Issue Fee Publication Fee (No small entity discount permitted) XX Advance Order - # of Copies 2 S. Change in Entity Status (from status indicated above) Assistance of the completion of this form status indicated above) Assistance of the completion of the private group entity General Companyment, to Deposit Account Number 0 - 41 for Conics an extra copy of this form overpayment, to Deposit Account Number 0 - 41 for Centers and the private group of this form overpayment, to Deposit Account Number 0 - 41 for Centers and the private group of this form overpayment, to Deposit Account Number 0 - 41 for Centers and the private group of this form overpayment, to Deposit Account Number 0 - 41 for Centers and the private group of this form overpayment, to Deposit Account Number 0 - 41 for Centers and the private group of this form overpayment, to Deposit Account Number 0 - 41 for Centers and the private group of the private group of the private group of the private g	APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE	DUE
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been in recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Please check the appropriate assignee category or categories (will not be printed on the patent): Individual XX Corporation or other private group entity Government of Fee(s) are submitted: XX Issue Fee Publication Fee (No small entity discount permitted) XX A check is enclosed. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) XX A check is enclosed. Payment by credit card. Form PTO-2038 is attached. XX The Director is hereby authorized to charge the required fee(s), any deficiency, or credit and overpayment, to Deposit Account Number 0 - 4160 (enclose an extra copy of this feed) 5. Change in Entity Status (from status indicated above) Deposit Account Number 0 - 4160 (enclose an extra copy of this feed) b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).	1. Change of correspond CFR 1.363). Change of correspond CFR 1.363). Change of correspond CFR 1.363). The Change of correspond CFR 1.363. Change of correspond CFR 1.363.	pondence address or indication on the B/122) attached. dication (or "Fee Address 02 or more recent) attacks.	ange of Correspondence "Indication form hed. Use of a Customer	(1) the names of up to or agents OR, alternation (2) the name of a single registered attorney or 2 registered patent attolisted, no name will be THE PATENT (print or ty	o 3 registered patent attornively, see firm (having as a membagent) and the names of undersorreys or agents. If no namprinted.	neys 1 per a 2 p to ne is 3		
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b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27.	4a. The following fee(s X X Issue Fee) are submitted: [No small entity discount	4	b. Payment of Fee(s): (Ple XX A check is enclosed. Payment by credit ca	ase first reapply any pre	viously paid issue fee sh	iown above)	
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Anthony C, Murabito